



# Information Bulletin for Primary Care Network Providers

January 2004



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### Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is on-line at <http://health.utah.gov/medicaid/pdfs/pcn.pdf>. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

There is a link to the PCN Manual on the Medicaid Provider's web site:  
<http://health.utah.gov/medicaid/provhtml/provider.html>. The link is at the bottom of the Provider's web page.

For more information on manual updates, refer to Bulletin 03 - 126, Updating the Utah Primary Care Network Provider Manual, published October 2002 [www.health.state.ut.us/medicaid/pdfs/pcnoctober2002.pdf](http://www.health.state.ut.us/medicaid/pdfs/pcnoctober2002.pdf).

**This bulletin is available in editions for people with disabilities.**

**Call Medicaid Information:  
538-6155 or toll free 1-800-662-9651**

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Box 143106, Salt Lake City UT 84114-3106

#### 04 - 30 CPT Codes Opened for Medical Services: Chapter 2 - 2, Limitations for Physician Services

Beginning January 1, 2004, the additional following CPT codes are opened for medical services in PCN and are open to optometrists and ophthalmologists:

92020 GONIOSCOPY (SEPARATE PROCEDURE)  
 92083 VISUAL FIELD EXAM,UNI/BILAT,MED DIAG EVAL;EXTENDE  
 92135 SCAN COMPUTER OPHTHALMIC DIAG IMAG W INTER/REPORT  
 99201-99205 Office Visit  
 99211-99215 Office Visit ■

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#### 04 - 31 Atypical Antipsychotics: Drug Criteria and Limits List

All atypical antipsychotics require a select diagnoses using the ICD.9 format. Covered diagnoses are determined by the three following age groups: ages 0 through 6; ages 7 through 19; ages >19. Attachments X, Y, Z show covered ICD.9 codes for each age group respectively. It is the physician's responsibility to write the correct ICD.9 code on each prescription for an atypical antipsychotic. The pharmacist must enter that ICD.9 code into the appropriate diagnoses field when processing a claim. Effective 1/1/04. ■

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#### 04 - 32 Cox-2 Agents to Be Placed on Prior Approval!!!: Drug Criteria and Limits List

The COX-2 Inhibitors have been placed on prior approval (PA) by the DUR Board effective 1/1/04.

Seniors age 65 and over will be covered without PA.

Prior approval (PA) will be required for clients < age 65. The COX-2 agents will be covered if one or more of the following is documented:

Telephone Prior - pharmacy:

- a. Covered as an analgesic for 10 days with simple telephone prior.

Written Prior, Physician, copy from patient chart documenting:

- a. Covered as an anti-inflammatory: for client having concomitant diagnosed GERD, Barrett's Syndrome, peptic ulcer, or gastro hypersecretory conditions or documented gastric bleeding caused by other NSAIDS.
- b. Covered as an anti-inflammatory if client on concomitant anticoagulant therapy
- c. Covered as an anti-inflammatory for clients on concomitant oral corticosteroid therapy
- d. Covered as an anti-inflammatory for clients with documented history of ulcers.

Dosing is limited to labeled amounts of: 30 units/30 days for Vioxx or Bextra; up to 60 units/30 days of Celebrex. ■

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**04 - 33 Access to Long Acting Narcotics and Actiq to Be Restricted!!!: Drug Criteria and Limits List**

The DUR Board has passed sweeping reform for these agents which will become effective 1/1/04. Short acting narcotics are not affected by this policy excepting fentanyl.

Fentanyl citrate (Actiq) lozenges will be covered only for a diagnoses of malignant neoplasms, carcinoma in situ, or neoplasms of unspecified nature. An absolute cumulative limit of 120 units, any combination of strengths, per any 30 days is maximum amount covered. Prescribers must write the appropriate ICD.9 Code (first four digits) on the prescription.

Regarding long acting narcotic formulations for non-malignant chronic pain, the DUR Board has set a guideline for maximum daily dose of: morphine sulfate long acting -90 capsules/tablets per any 30 day period; Duragesic up to and including 75mcg - 15 patches per any 30 day period; OxyContin up to 90 tablets per any 30 day period. Duragesic 100mcg is not covered for chronic non-malignant pain. Methadone 50mg per day maximum (150 units/30 days). Physicians may petition the DUR Board for a patient specific override exceeding these guidelines. Short acting generic formulations are not affected by this policy (excepting narcotic/acetaminophen combinations which are still limited to 180 units/30 days).

For clients with malignant neoplasms, carcinoma in situ, or neoplasms of unspecified nature, an override may be gained by the physician writing in an appropriate 4 digit ICD.9 code which the pharmacist must enter into the diagnoses field. The drug program will be programmed so that there will be no therapeutic duplication allowed for the long acting narcotics. ■

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**04 - 34 CPT Code Changes: Chapter 2 - 2, Limitations for Physician Services****CPT Codes Covered**

45330 Sigmoidoscopy, flexible; diagnostic, with, without collection of specimen by brushing or washing  
45331 ... with biopsy, single or multiple  
84156\* Protein total, except by refractometry, urine (codes 84155, 84160, and 84165 discontinued)  
84157\* Protein total, except by refractometry, other source (i.e. synovial fluid, cerebrospinal fluid)  
85055 Reticulated platelet assay (used in HIV and thrombocytopenia evaluation)  
87660 Infectious agent antigen detection (DNA or RNA); trichomonas vaginalis  
89230\* Sweat collection by iontophoresis (replaces discontinued code 89360)  
89235\* Water load test (replaces discontinued code 89365)

Note: Changes effective January 1, 2004 with new CPT code changes

Unspecified laboratory codes will no longer be accepted when there is a specific test available. The specific test must be ordered to receive reimbursement.

The code 87660–Trichomonas vaginalis, direct probe, must be used; the code 87797–Infectious agent not otherwise specified; direct probe technique will no longer be accepted when the test completed is Trichomonas vaginalis, direct probe. This also applies to the Affirm Test.

The code 87800–Infectious agent detection, direct probe technique will no longer be accepted when the test is Chlamydia trachomatis, direct probe. The code 87490–Chlamydia trachomatis, direct probe must be used.

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### Discontinued CPT codes

The following CPT codes are discontinued by HCPCS 2004 and have been removed from the PCN-CPT code list.

89355 Starch Granules, Feces  
 89365 Water Load Test  
 89399 Unlisted Miscellaneous Pathology Test  
 90659 Influenza Virus Vacc, whole Virus, intramuscular

### Descriptor Changes

Codes listed below are covered under the PCN program; Descriptors changed by HCPCS 2004 have been changed in the PCN-CPT code list.

70250 Radiologic Examination, Skull; less than Four Views  
 70260 Radiologic Examination, Skull; Complete, Minimum of Four Views  
 80055 Obstetric Panel  
 83716 Lipoprotein, Blood; High Resolution Fractionation and Quantitation of Lipoproteins Including Lipoprotein Subclasses When Performed (Eg, Electrophoresis, Nuclear Magnetic Resonance, Ultracentrifugation)  
 84155 Protein, Total, Except by Refractometry; Serum  
 84160 Protein, Total, by Refractometry, Any Source  
 84165 Protein, Electrophoretic Fractionation and Quantitation  
 87040 Culture, Bacterial; Blood, Aerobic, with Isolation and Presumptive Identification of Isolates (Includes Anaerobic Culture, If Appropriate)  
 87045 Culture, Bacterial; Stool, Aerobic, with Isolation and Preliminary Examination (Eg, Kia, Lia), Salmonella and Shigella Species  
 87070 Culture, Bacterial; Any Other Source Except Urine, Blood or Stool, Aerobic, with Isolation and Presumptive Identification of Isolates  
 87075 Culture, Bacterial; Any Source, Except Blood, Anaerobic with Isolation and Presumptive Identification of Isolates  
 87272 Infectious Agent Antigen Detection by Immunofluorescent Technique; Cryptosporidium  
 87328 Infectious Agent Antigen Detection by Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Cryptosporidium  
 88312 Special Stains (List Separately in Addition to Code for Primary Service); Group I for Microorganisms (Eg, Gridley, Acid Fast, Methenamine Silver), Each  
 88342 Immunohistochemistry (Including Tissue Immunoperoxidase), Each Antibody  
 90703 Tetanus Toxoid Adsorbed, for Intramuscular Use  
 90704 Mumps Virus Vaccine, Live, for Subcutaneous Use  
 90705 Measles Virus Vaccine, Live, for Subcutaneous Use  
 90706 Rubella Virus Vaccine, Live, for Subcutaneous Use  
 90707 Measles, mumps and Rubella Virus Vaccine (Mmr), Live, for Subcutaneous Use  
 90708 Measles and Rubella Virus Vaccine, Live, for Subcutaneous Use  
 90718 Tetanus and Diphtheria Toxoids (Td) Adsorbed for Use in Individuals Seven Years or Older, for Intramuscular Use  
 90733 Meningococcal Polysaccharide Vaccine (Any Group(s)), for Subcutaneous Use  
 93010 Electrocardiogram, routine 12+ Leads, intrp/rpt Onl  
 99050 Services Requested after Posted Office Hours in Addition to Basic Service

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